

I would like to comment on the letter written by the President of Parent and Advisory Council of Southwest Virginia. She stated that local hospitals were not equipped to handle resident's medical needs referring to a visit by a former resident of the Southwest Virginia Training Center (SWVTC) to a local hospital who was then transported to a Level 1 Trauma Center.

Per her report, the Resident had been catheterized three times a day at the training center, but in an acute setting such as the emergency room of the local hospital and in a Level 1 Trauma Center the staff was unable to catheterize the patient. There could be a logical reason why the staff at these facilities were not capable of performing the catheterization. Typically a different catheter would be used in the daily routine as compared to the catheter used in acute care. An in and out straight tube would probably be used in the daily routine and the acute center would use a flexible tube due to medical reasons in that setting. In addition, the patient's acute medical condition and reason for hospitalization in the first place probably caused the increased difficulty in catheterization which is why a specialist is required.

I understand that it could be easy for a person who is not a healthcare professional not to understand why this may have happened. It is important not to jump to the conclusion that trained professionals are unable to do their job unless you seek to understand all the facts. It is important to research and ask questions before criticizing the healthcare workers and these facilities. Local hospitals are already serving well 10,000 people receiving waivers and 8,000 on a waiting list who are being served in the community. In addition, local hospitals would serve someone from Training Centers who needed acute care.

Just as it is important to know all the facts when analyzing medical care provided, it is also important to know all the facts when considering the closing of Training Centers. The fact is that over 18,000 people (10,000 people receiving waivers and 8,000 on a waiting list) have opted out of training centers by signing a document of individual choice between Institutional Care or Home and Community-Base Services. I have heard family members of residence of the training centers state the residents of the Training Centers are "the most elderly and fragile people." When I hear these statements I wonder if those elderly and fragile people would not be better served in the two state supportive skilled nursing facilities for individuals with disabilities rather than a Training Center.

I recently toured the Training Center in Lynchburg, VA. This facility sits on about 391 acres and it had numerous condemned buildings. They have built a new skilled nursing facility and plan on transferring the current residents to the new facility at Ramadan Park (Buildings 8, 9, 11, and 12, with building 10 will be office space.) I was told during the tour the CVTC employs 1400 employees. It cost \$81,000,000 to run per year averaging \$277,000 per person per year. I did some research in my community and asked an administrator at a local 180 bed, 5 star facility and found out it costs \$12.5 million to operate last year and this facility employs 212 to 214 employees including full

time, part time, and casual employees. The cost for a Medicaid patient would be about \$63,000 a year.

In comparison, the training center and the 5 star facility in my community is the 5 star facility costs \$173 per day and in the training center costs \$759 per day. Wow what a big difference. This was unsettling to me for many reasons. I wondered why there is so much land and so many condemned buildings including even an apartment complex that has been condemned. The property also includes two houses, a baseball field, swimming pool, and camp ground. With so much money going toward the up keep of the grounds, I wonder how the most elderly and fragile people benefit from having such amenities that they probably are not able to access. I can't help but wonder why so much money is being put into the training centers that only help a limited number of people. The total number of residents being served in training centers in the state of Virginia is 612 and the total cost is \$169,137,164.

In my opinion, the training centers predominantly serve their local geographic communities and their local communities are ones who benefit. I feel that the high cost of training centers is not a prudent use of available funds. What about the 8,000 plus individuals on a waiting list that want to stay in their communities and homes. I have been told that there is a minimum of 7 years on the waiting list and some people have waited up to 16 years to receive home based services. I have a son with a disability and I have chosen that I would not want my son an hour and a half away from his home, his family, and friends.

The bottom line is we need more home and community based services to be fair to all individuals with disabilities. If there are not sufficient community and home based support systems people would be forced to go to training centers violating their rights to be in the most integrated setting of their choice.

In 2011, the Department of Justice concluded that the Commonwealth of Virginia fails to provide services to individuals with intellectual and development disabilities in the most integrated setting appropriate to their needs. The primary objective *settlement agreement*, according to the information packet provided on the first meeting is to PREVENT the unnecessary institutionalization of individuals with opportunities to live in the most integrated setting appropriate to their needs consistent with their informed choice. Over 18,000 people along with the Department of Justice has determined that training centers constitute the unnecessary institutionalization of individuals with disabilities and have determined that the Commonwealth of Virginia has failed to provide services in the most integrated setting.

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Family Member on Waiver Waitlist for Region 3